CP Rev. 7/15/15

TOWN OF SOUTHAMPTON

CODE ENFORCEMENT INVESTIGATIONS & ENFORCEMENT UNIT

116 Hampton Road, Southampton, NY 11968 Ph: 631-702-1700 Fx: 631-283-2694

www.southampton town ny.gov/code enforcement

Kenneth Glogg
Senior Town Investigator

Christopher FraserCode Enforcement Officer

Rental Permit Renewal Application Instructions

Renal Permit Renewal Fee \$ 200 (renewable every two years)

Rental Permits are renewable every two years. Any rental permit that is about to expire or has expired sixty days or less may use the renewal application. If the Rental permit has expired over sixty days, please submit an original rental permit application.

The following items are required when submitted the renewal application:

- Copy of the previously issued rental permit
- Tenant information form
- Notarized affidavit
- Documentation or proof for any claimed exemption

FEES:

- New/Renewal Standard Fee: \$200
- Property in Violation of Chapter 270 (Rental Properties) Fee: \$500
- Income Qualified Tenant Fee Waived:
 - Enhanced Star, Veterans Exemption or Senior Citizens Exemption Fee: \$100
 - Volunteer Fire Dept. or Ambulance Workers Real Property Exemption Fee: \$100
 - Inspection/Certification by License Architect or Licensed Engineer Fee: \$150
 - Sr. Citizen (as per §330-5) or Qualified Disabled Person (as per §216-2) Fee: **\$100**

In order to qualify for an exemption, documentation must be submitted with the renewal application. Both the Volunteer Fire Dept or Ambulance Workers real property exemption fee and the Senior Citizen or Qualified Disabled Person fee applies to the tenant residing in the rental dwelling not the property owner.



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RENTAL RENEWAL PERMIT APPLICATION

Rental Permit Renewal Fee \$200 (renewable every two years)

ued Rental Permit Number:	Expiration Date:	Today's Date:
Property Information:		
Rental Property Address:		
Tax Map Number: 0900- SECTIO	N BLOCK	LOT
Property Owner Name:		Date of Birth:
Property Owner Legal Address: (Cannot be the same as Rental Prope	rty Address)	Property Owner Mailing Address:
Telephone Number (s): Daytime	Evening	Emergency
Property Owner Email Address:		
liability company or other busi principal, shareholder, partner	iness entity, the name, addre r, and/or member of such bu	s owned by a corporation, partnership, limited ess, telephone number of each owner, office, usiness entity MUST be set forth below:
, ,		
Title or position held with said corpo	oration, partnership, and limite	ed liability company or business entity:

If necessary attach additional pages to supply above information.

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In the 1	matter of the Application of			
(Print	Owners Name)			
For the	e Renewal of a Rental Permit pursuant to Chapter 270 of the Southampton Town Code.			
	E OF NEW YORK) TY OF SUFFOLK) SS:			
	I,, being duly sworn, deposes and says:			
1.	I am the owner of the premise located at			
	In the Hamlet of, more particularly shown as Suffolk County Tax Map			
	Number: 0900, and as such I am familiar with the buildings and structures located on the			
	subject premises.			
2.	A copy of the previously issued valid rental permit is attached hereto.			
3.	3. The above mentioned rental property, to the best of my knowledge, fully complies with all of the provisions of the			
	Code of the Town of Southampton and the New York State Uniform Fire Prevention and Building Code.			
4.	. The structure has not been physically altered in any way, except in full conformance with a valid building permit.			
5.	. I am not aware of the property being in violation of the Code of the Town of Southampton or the New York State			
	Uniform Fire Prevention and Building Code.			
6.	I make this affidavit knowing full well that the Town of Southampton Code Enforcement will rely upon the facts			
	as stated herein to issue a renewal of a rental permit pursuant to Chapter 270 of the Code of the Town of			
	Southampton.			
7.	In the event of a change in tenancy occurring during a permit term, <u>I shall notify the Code Enforcement Unit, in</u>			
	writing, of the identity of the new tenants.			
Dated:				
Sworn Day of	to before me thisOriginal Signature			

Original Notary Signature and Original Notary Seal



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TENANT INFORMATION:

All Tenants Names (Include all Adult	ts and Children Occupying the D	welling, even if not listed on the Lease):
	Date of Birth	
Term of the Lease: (Beginning Date/I	Ending Date):	
Beginning Date:	<u>-</u>	
Ending Date:		

(Any Changes in Tenants please notify this office with the names of the new tenants, including all children and adults occupying the dwelling not listed on the lease and the start date and end date of the lease)